



Committee on Veterans' Affairs, Public Testimony

**Stephen Kennedy**

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Madam Chair, Mr. Chairman, Mr. Chairman, and distinguished Members of the Committee on Veterans' Affairs, I write today as an Iraq veteran and the leader of IAVA-Connecticut, in support of S.B. 284, An Act Concerning Benefits for Certain Veterans Who Have Been Diagnosed with Post-Traumatic Stress Disorder or Traumatic Brain Injury or Who Have Had An Experience of Military Sexual Trauma.

Since 2015, our IAVA-Connecticut team has built a community of post-9/11 veterans spread throughout the state, all joined by a common bond of camaraderie. Even though our wars have been going on for a decade and a half, spread across multiple countries, and we all served in different capacities, we all represent the small segment of society that volunteered to serve in a time of war. Whatever differences we may have, we identify with our own, and we have each others' backs.

However, as we continued to build this community, it became clear that a segment of our brothers and sisters was being left behind. People who walked the same patrol routes as we did, who are dealing with the same struggles as the rest of us, are excluded by their communities, and by the state. Veterans who received other than honorable, or "OTH," discharges qualify for basically no state veterans' benefits, regardless of their need, despite that these are non-punitive, administrative discharges where the odds of receiving due process are stacked against the servicemember.

When servicemembers suffering from invisible wounds such as post-traumatic stress disorder, traumatic brain injury, or who experienced military sexual trauma, receive such an evaluation, they are far more likely than their unaffected peers to be processed for an administrative separation. Symptoms of PTSD, TBI, and MST can include self-medication with alcohol and drugs, aggressive behavior, avoidant behavior, and others that can manifest as military misconduct. This can lead in turn to a less-than-honorable discharge.

Even for servicemembers whose mental health issues have been diagnosed, the nature of the administrative discharge process makes them more likely to be administratively discharged in the first place, even when they commit the same offense as another servicemember who is retained and eventually receives an honorable discharge. For example, someone who fails a drug test over an indiscretion while on leave could be seen as having the potential to be rehabilitated. He or she will receive some sort of nonjudicial punishment and be given another chance, sometimes many more chances. Anecdotally, someone who fails that same drug test and is subsequently diagnosed with a mental health disorder is seen as being less likely to rehabilitate. When I was serving, when a servicemember was separated, their commander was under no obligation to consider the impact of mental health on the misconduct when deciding on a discharge characterization.

The effect of this situation is that large numbers of veterans have been separated with less-than-honorable discharges that may have come as a result of service-related mental health conditions. A Government Accountability Office report from last year showed that 62% of less-than-honorably discharged veterans had been diagnosed with PTSD, TBI, or another mental health condition. Furthermore, a recent report from Protect Our Defenders showed that there are large racial disparities in the application of administrative discharges, with servicemembers of color more likely to receive harsher punishment for similar offenses. Ultimately, the administrative discharge process is highly subjective, which invites bias and incentivizes rapid resolution to conflicts over fairness to the servicemembers involved.

The consequences of receiving an OTH discharge are dire. Veterans with OTH discharges die by suicide at a rate three times that of their honorably-discharged peers (who are at an elevated suicide risk to begin with). They are also more likely to deal with homelessness and substance abuse. It is possible to get discharge upgrades through branch discharge review boards. However, the process is incredibly burdensome and takes years to complete. The review boards have been shown to not consistently account for mental health considerations in their decisions. The VA has begun to acknowledge this problem, opening 90 days of emergency mental healthcare to veterans with OTH discharges. Although this is a positive step, it is still far from adequate to address the problem.

Connecticut has a proud tradition of providing state veterans' benefits and services beyond what is provided by the federal government in order to further assist our veterans, including transitional housing, substance abuse recovery programs, state school tuition waivers, and long-term care. For veterans with service-related mental health conditions such as PTSD, TBI, or experiences of MST, these benefits can be invaluable. Especially when we are dealing with a vulnerable population like this one, these resources could save lives.

You will hear from some veterans regarding this bill who have been affected by this system. The stigma around mental health can be difficult. I would argue that it's even worse in the military. And as a servicemember, being told that your service is less than honorable can cause great shame, regardless of the circumstances. It's difficult to expose yourself and be vulnerable about this, and I am so proud of our veterans for sharing their stories. There is one story that I would like to share, from someone who cannot share it with us himself. Not everyone in this veteran's family even knows this story, so out of respect for them and his wife who shared it with us, we have changed his name.

In his wife's words: "About three months before my husband Mark's third deployment with the 101<sup>st</sup>, he attempted to overdose on my medication. This caused him to miss a scheduled training rotation with his unit. He was diagnosed with major depressive disorder, and Behavioral Health recommended discharge since they could not treat him in their facilities. Because he missed movement when his leadership expected him to set the example, his commander decided to make an example of him and gave him an OTH. He was still suicidal, and he didn't see any point in fighting the decision. He took a demotion and a discharge so he could try to get help."

"With an OTH, Mark didn't qualify for healthcare at the VA. I found a therapist who was willing to see him for free. She diagnosed him with PTSD and tried to get him set up with regular treatment. Mark applied for a discharge upgrade saying that his PTSD and depression were the reason he missed movement. He was a great soldier, and if he had never gotten PTSD this never would have happened. The idea that someone could get a less than honorable discharge over a suicide attempt is disgusting, and you would think it would be easy for him to get it fixed. He was denied after ten months of waiting, and he was going to have to start all over again and travel to DC for a hearing. He didn't have

it in him, and who would?"

"The Army was everything to Mark. He couldn't live with the idea that he had let his men down, and to have the Army tell him his service wasn't honorable caused him incredible shame. He only ever sought help because I forced him to. With the way the Army treated him and the lack of resources available, they signed his death warrant the moment they turned him away. He took his life while we tried to get him into proper treatment."

We make much of our commitment to veterans and the care that they are owed when they return home. As long as we turn veterans away from mental health treatment and other transition assistance after they were discharged for conduct that could be influenced by service-related mental health disorders, we can't say that we are living up to that commitment. When we say that one veteran suicide is one too many, Mark needs to be included. When we say that we've eliminated veteran homelessness, the Vietnam vets living on the green who got OTH'd before PTSD was even a diagnosis need to be included. According to Connecticut state law, anyone with an OTH discharge is not legally considered a veteran at all. For veterans in this position, the dignitary harm of being excluded from the community is immeasurable. To further dishonor them by withholding services that would assist them with service-related mental injuries is unconscionable. These veterans volunteered to serve their country in combat, and like many of us they struggled as a result.

Excluding veterans with OTH discharges from these benefits is not only unjust, it is counterproductive. We are not talking about people who have committed serious crimes. These are veterans who signed up for an incredibly difficult job, suffered a trauma, and had a hard time dealing with it. Many of these veterans could have just as easily gotten honorable discharges under other circumstances, say if they had not deployed, or if they had gotten out of the military before their symptoms began to manifest.

We have an opportunity here to keep the promise and make these veterans whole. This isn't a giveaway. These are people with a demonstrated call to service who have valuable skills. We don't only owe them assistance, we stand to gain by restoring them and allowing them to be leaders here in our communities. We have lost far too many of these leaders to addiction, homelessness, and despair for us to continue turning them away, and we cannot accept that any of our returning veterans could take their lives as we deny their service. I urge you to pass S.B. 284 and show all of Connecticut's veterans that we will never leave them behind.